

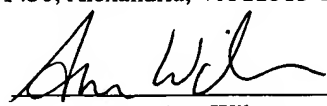


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Ann Wilson

**PATENT**

Inventor: Brian J. Cox  
Serial No.: 10/763,975  
Filing Date: 1/22/04  
Title: Aneurysm Treatment Device and Method  
Examiner: unknown  
Group Art Unit: 3731  
Atty Docket No.: 14395.0013

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

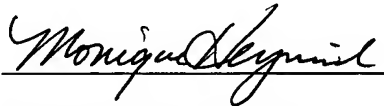
Transmitted herewith please find the following documents:

- 1. Power of Attorney and Correspondence Address Indication Form; and
- 2. Postcard.

The Commissioner is hereby authorized to charge any fee or credit any overpayment to Deposit Account No. 50-1329.

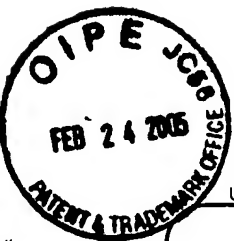
Respectfully submitted,

Dated: 2/24/2005

  
Monique Heyninck, Esq.

STRADDLING YOCCA CARLSON AND RAUTH  
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Customer Number: 31,278



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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/763,975
Filing Date	January 22, 2004
First Named Inventor	Brian J. Cox
Title	Aneurysm Treatment Device and Metho
Art Unit	3731
Examiner Name	
Attorney Docket Number	14395-0013

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Bruce Canter	34792

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name MicroVention, Inc.

Address 75 Columbia, Suite A

City Aliso Viejo State CA Zip 92656

Country USA

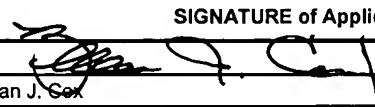
Telephone 949.461.3314 Fax 949.461.3329

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	02/21/2005
Name	Brian J. Cox	Telephone	949.461.3314
Title and Company	MicroVention, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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